THE

MEDICAL AND SURGICAL REPORTER.

Whole Series, No. 294. PHILADELPHIA, JUNE 7, 1862. New Series, Vol. VIII. No. 10.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Orthopædic Surgery.

Delivered at the Brooklyn Medical and Surgical Institute.

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III.—*Deformities at the Hip-Joint.*

(*Continued from page* 167.)

Gentlemen, absolute rest of inflamed joints, however beneficial for a time, has likewise *its therapeutical restriction*. Daily experience teaches that if the immobility of healthy articulations is unduly prolonged, they will become *stiff, dry*, and *even anchylosed by fibrous bands*. How much more may this be expected in joints *filled with organizable material!* Indeed, we have observed cases in which anchylosis ensued after a comparatively short repose of the articulation. These inconveniences, incidental to continued rest, with the confinement of the patients, have often been subjects of discussion with professional friends. Professor Sayre more especially suggested the propriety of such improvements of the needful mechanical appliances as to enable the patient to walk during the greater part of the treatment. Although we directed our combined efforts upon that point, yet we had achieved nothing practical, when Dr. Sayre incidentally heard of Davis's splint. He lost no time in rendering himself familiar with its construction and practical working.

Having become satisfied that, with some improvements, this splint would realize all the objects we had conjointly determined on, Dr. Sayre had the goodness to place it at our disposal for additional clinical observation. It is, therefore, but plain justice to him in acknowledging the fact *that, through his instrumentality*, Davis's splint became, in an improved form, accessible to the profession. In our humble opinion, the charge of plagiarism against Dr. Sayre is groundless and unjust. But for *his* intrepidity and surgical sagacity, Davis's splint would not be known; and he is, therefore, much more entitled to consideration than Dr. Davis himself, who, according to his own admissions before the New York Academy of Medicine, *had the apparatus in use for more than eight years without giving it to the profession.*

Perhaps Dr. Davis did not fully realize the importance of his contrivance, and was too modest to put it in so bold relief as to render it generally known. But then he should be glad that Dr. Sayre assisted in the publicity of his splint, and brought its merits more prominently before the profession.

We are not aware that Dr. Sayre has ever laid personal claims to originality of the splint, but exclusively and justly demanded the merits of improvements, which indeed are of mechanical advantage. Moreover, it has been the avowed policy of the profession to discountenance monopoly in all matters of medical science and the healing art whatsoever; and *since Dr. Davis has omitted to put his invention on record, he should, in compliance with that policy, not complain if another has taken the initiative.* Nevertheless, the profession has been willing to acknowledge the merits of Dr. Davis; and if we could add to the just appreciation of the splint, we would cheerfully state that it forms a most needed, useful, and efficacious remedy in the treatment of hip disease. With so general a professional approval, Dr. Davis should be contented, and all bickering should be dropped. Otherwise, it might be urged that Dr. Davis has not promulgated the principle of extension in joint diseases;

and if so, he has certainly failed to establish his authorship beyond dispute. Again, that his splint is a remarkable copy of Jarvis's adjuster, which may have served as prototype.

However useful and indispensable the hip splint obviously is, its application in hip disease is nevertheless strictly circumscribed. In the active stage of that malady, while the symptoms of inflammation supervene, absolute rest of the joint and extension are the exclusive and rational

1. In incipient hip disease when the inflammation and reflex actions are moderate.
2. After the active symptoms have subsided.
3. After the contracted muscles have been successfully divided.

It is scarcely necessary to qualify our advice, or to repeat on this occasion the principles which guide the maxims of our treatment, in as much as this has been done in connection with the same subject elsewhere.

Fig. 43.

Fig. 44.

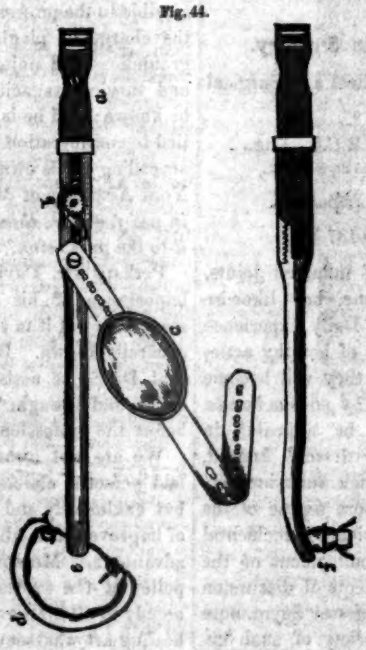

Fig. 45.

remedies. Whether our wire apparatus or pulley and weight be resorted to, is indifferent as long as the object is accomplished.

Again, if the reflex contraction of muscles appertaining to the hip-joint has become permanent, subcutaneous division of the contracted muscles should PRECEDE *extension*, by whatever means it may be carried out. Whereas the splint comes opportunely in for its share—

We are sorry not to be able to place before you all the modifications of Davis's splint, or the new contrivances to which it has given rise. There are now three of these splints in general use. The original splint of Davis is certainly the least perfect, in as much as the degree of extension cannot be regulated. With his latest improvements we are not acquainted. The improvement of Dr. Sayre allows the finest graduation of

extension, and is, in a mechanical point of view, a more perfect construction, Figs. 43, 44, 45. Dr. Vedder's splint is very light, exceedingly simple, highly effective, and cheaper than the others; hence more commendable for the poor (Fig. 46) for extension.

Fig. 46.

In resorting to the splint, the same maxims are to be observed as for the use of mechanical apparatus in general—that is to say, the instrument should *fit well*, should be *well applied*, and kept in *a state of effectiveness*. If circumstances render its discontinuance necessary, it should be immediately exchanged with pulley and weight. The application of the splint is *essentially* the same in each. A strip of strong adhesive plaster, with a loop at its lower end, is fastened along and outside of the affected extremity, and should above almost reach the hip-joint, being fastened either by circular strips or a roller. Next the pelvic band is applied, and care must be taken that it is of proper length; at last the lower end of the adhesive strap is fastened to the splint. It will be observed that in turning the wheel the limb is extended, whereas the pelvis is drawn upward; its effect being to keep the limb straight, and to prevent the contraction of muscles. In the diagram you observe the application of the instrument, together with a knee-cap and a thigh-band, Fig. 47. If the limb be already slightly contracted, it may be advisable to place the patient under chloroform while the extension is being made. The usual effect which the splint exercises on the condition of the patient, is the alleviation of pain, and thereby rendering him capable of moderate and cautious locomotion. Should the pain materially increase, and the patient become reckless and feverish, it would lead to prove that the contraction of muscles has proceeded too far for simple extension, and that the splint rather irritates than benefits. Under such circumstances, we hold the subcutaneous division of the contracted muscles unavoidable. To persist in extension, would be to aggravate the disease. Care should likewise be taken that the pelvic band does not chafe the integuments. In order to relieve the parts from pressure, and to render the patient more comfortable during the night, it may be desirable to remove the splint, and to effect extension by pulley and weight in the horizontal position. If you place the patient upon a water-bed, you will greatly add to his comfort.

Fig. 47.

The usefulness of the splint is not precluded by an abscess, unless its seat and the tenderness of the parts render the former inapplicable. Dr. Sayre and myself have employed the splint with advantage in large openings of the hip-joint, and the preceding figure is taken from a child thus successfully treated by him. In comparing Fig. 38 with Fig. 47, the result may be observed, having been chiefly wrought, however, by dividing all the contracted muscles.

Thus the hip splint has of late found a most extensive field of useful application; and it has, more than anything else, practically demonstrated the inefficiency of former curative maxims. In fact, it has completely revolutionized the accepted pathology of the disease. Those who attended the late discussion of the New York Academy of Medicine, on hip disease, cannot have failed to notice the conversion of most surgeons to modern views. Yet with some of them a strange inconsistency still prevails. They hold that hip disease is the result of the

strumous diathesis; that tubercular deposit in the cancellated structure is the proximate cause, yet they admit the usefulness of hip splint in controlling the malady, and the occasional necessity of myotomy in amending the deformity. None of them, however, attempted to reconcile the cause with the effects of the remedies. That a tubercular disease cannot be restrained by a splint, extension, or by dividing a muscle or two, is self-evident, and that a constitutional disease is equally unamenable by mechanical remedies, needs no proof. If the maxim be right that the action of remedies tends to illustrate diagnosis, why not apply it in this instance? Such are, however, the inconsistencies that facts, however stubborn, have to accommodate themselves to preconceived opinions, though speculative in character. The march of truth, however, is necessarily protracted, and we must rest contented with small advances. Already much has been gained by throwing out the favorite fiction of spontaneous dislocation; and less has of late been said about the issue, moxa, and actual cautery. We may yet live to see the time that our surgical excellencies smile at the very idea of such a thing as a tubercular bone disease.

The muscles most usually contracted in hip disease are the adductors and flexors of the thigh; the deformity caused by their joint contraction is therefore undue adduction and flexion. It is not often that the pectinæus and the biceps femoris are included. The division of those muscles is subject to the same general rules we have endeavored to establish elsewhere. It is of importance to stretch them, under the influence of chloroform, to the utmost of their capacity, so as to raise them off the sub and adjacent parts to use their contours as a guide, and to insure their total division. The operation in the neighborhood of important vessels and nerves seems to be rather dangerous; but in observing the foregoing precautions we have never met with any difficulty, although frequently performed.

The adductor muscles, the tensor vaginæ femoris, and sartorius muscle we prefer dividing from outside inward, whereas the rectus muscle we divide from within to without by pushing Bauvier's blunt-pointed tenotome under its internal margin. In order to obviate collision with the vessels and nerves of the femoral canal, it is advisable to rotate the limb externally, which increases the distance within the two structures.

Since the tenotome has to perforate the vagina femoris, the greatest care should be taken to prevent a collection of blood below, as it occasionally gives rise to abscess under the fascia. Thorough squeezing out of the blood will generally suffice as a preventive measure; the fascial wound may also be dilated.

The anchylosis of the hip-joint may be an object of treatment, when combined with deformity. A true bony anchylosis is comparatively as rare at the hip-joint as at other joints. The only remedy for the impediment lays with Rhea Barton's operation. Whether it should be combined with division of muscles, the special case must suggest for itself.

Most anchyloses of the hip-joint are, however, by fibrous connections and by thin osteophytes. This nature of the impediment may be surmised, when periostitis, rheumatic synovitis, or a moderate inflammation of the articular apparatus has supervened and no cicatrices with deep connections exist in the neighborhood.

The brisément forcé may then be resorted to with or without division of muscles to re-establish both form and mobility. It is, however, not advisable to attempt this operation before the completion of puberty, for fear of causing a diastasis of the femoral head from the diaphysis. It is likewise desirable to continue about a week with the division of the contracted muscles, and allow the wounds to heal completely before the connection of the joint should be broken up.

If we do not mistake, the late Dr. Buehring, of Berlin, was the first who performed successfully the brisément forcé upon the hip-joint, and he constructed a very ingenious apparatus to give free mobility to the joint. Professor B. Langenbeck followed in the enterprise, and modified Buehring's apparatus. Since, other surgeons have performed the operation with most brilliant success, and but lately, Professor Sayre treated such a case in a gentleman, with the most satisfactory result. You remember Figs. 39 and 40, exhibited at our last lecture. The right thigh of the patient was rectangularly fixed to the pelvis, and the limb thereby shortened some seven or eight inches. After a treatment of but few weeks the results obtained may be realized by a diagram, Fig. 48. You notice the limb to be straight, almost of the same length, and, what cannot be seen, the mobility of the joint was established almost to perfection. Such are the

wonderful achievments of modern surgery, for which we are chiefly indebted to Louvrier.

Fig. 48.

It may be well to state, that Dr. Sayre employed no other implement in the operation than the hand. In performing brisément forcé upon the hip-joint, the patient should be placed upon a firm mattress, and, after having been brought under the influence of chloroform, his pelvis should be powerfully fixed by an assistant, the mobility of the thigh started by a sudden flexion followed by extension and rotation.

We have just received the third number of the second volume of the "Archiv of Clinical Surgery," published by Professors B. Langenbeck, Billroth, and Dr. Gurlt, in which an article of Dr. Richard Volkmann attracts our particular attention. Being of great importance for the correct diagnosis of the deformities appertaining to the hip, the apparent and real length and malposition of the lower extremities, we thought it desirable to call the attention of the reader to Volkmann's new measuring instruments, which he terms "Coxankylometer." It consists in a horizontal, moderately convex spring of hammered brass, seventeen inches in length, to adapt itself to the lower region of the abdomen. With this spring a flat, thin, or narrow piece of wood, 30″ in length, is rectangularly fixed so as to constitute the form of a T. By placing the patient in a horizontal posture upon a hard mattress and the pelvis in the proper relation to the spine; by fixing the instrument in front of the body immediately above the anterior superior spines of the ilium, with the wooden bar downward, the author is able to measure the exact angular deviation of the extremity from the perpendicular of the body and self-evidently the apparent deviation of their length from the normal standard. The instrument of Volkmann substitutes a more reliable mode of measurement over the existing ones, and commands, therefore, the attention of surgeons. But it should be borne in mind that the deviation caused by the increased inclination of the pelvis cannot be ascertained by the same. We feel not at liberty to give this subject a more extended notice, and must refer you to the original, which is well worth your perusal.

COMMUNICATIONS.

Nervous Deafness.

Translated from the French of "Duchenne, De l'Electrisation Localisée." Paris, 1861.

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(*Continued from page* 213.)

4. *Pathological and Anatomico-Pathological Facts in Support of the foregoing Electro-Physiological Facts.*—The electro-physiological facts that I have exhibited are confirmed by observation and by pathological anatomy. In support of that assertion, pathological facts will be found in my first memoir on the Cord of the Tympanum. In this place I will call attention only to one fact, collected since the publication of that memoir. This new fact is more important than the preceding ones, because the phenomena observed in that case during life have been confirmed on dissection. I owe my knowledge of it to the kindness of M. Fano, ex-Anatomical Demonstrator and Professor of the Faculty. I regret that the limits of this work do not allow of my transferring, textually and in full detail, the report of a case so complete and so unique in the science of pathological anatomy. I shall only give the principal features of it.

Case 1.—A woman named Pareau, aged 23, was, in 1833, patient No. 74 in Henry the Fourth's ward of St. Louis Hospital, under the care of M. Hardy. At the age of 14 she had a fall on the left side of the head, which was followed by severe pain in the ear of the same side. Four years after that accident she struck her head violently against a beam, and in a few days a considerable swelling appeared behind the left ear. The tumor made rapid progress; an abscess formed, which opened spontaneously, and was succeeded by fistulous ulcers, through which issued small portions of bone. Toward the end of October, 1853, M. Fano, from the exterior signs perfectly and minutely described in his written report, suspecting a profound alteration of the ear, and the lesion of the cord of the tympanum, he attentively examined the state of sensibility of the tongue. "The *tongue*," says M. Fano in his report, "*presented a remarkable alteration in both the tactile and the gustatory sensibility*, as we ascertained by the aid of various experiments. In the whole of the *right* half

of the tongue a superficial prick with a needle was perfectly felt. In the whole of the *left* half of the tongue, the pricking sensation was weaker and weaker as we pricked farther from the central line and nearer to the edge. Behind, the sensation was more directly felt than in front. On lightly rubbing a morsel of sugar upon the right edge of the tongue, the patient clearly perceived the saccharine savor. On repeating the experiment on the left edge of the organ, she perceived the touch, but no savor. On proceeding, still on the *left*, toward the base of the tongue, the sugar made its savor slightly perceived. A grain of salt was placed on the anterior part of the left side of the tongue; the patient felt no sensation, backward on the same side, that is to say, toward the base of the tongue, there was a vague sensation. The same experiment being made upon the *right* half the tongue gave rise to a perfectly well perceived sensation. These experiments were repeated with wine and with gentian, and always with similar results."

"*The tongue preserved all its motions in their integrity; there was no appearance of facial paralysis*, that is to say, of paralysis of the hard portion of the nerve of the seventh pair. In fact, the subcutaneous muscles of the face had preserved their voluntary contractility. The top of the uvula was a little turned to the left, but during the motion of deglutition the two halves of the veil of the palate were equally raised. The woman died toward the middle of the month of September, 1854, presenting all the phenomena of tuberculization of both lungs and an albuminous nephritis. *On dissection, the middle ear displayed a cavity large enough to hold a large nut. All the organs which, in their normal state occupy that cavity, had disappeared.* Impossible to recognize the *fenestra ovalis* or *rotundus*. That portion of the facial nerve which is lodged in the third portion of the Fallopian aqueduct was perfectly intact. *The membrane of the tympanum, the little bones, and the chorda tympani were completely destroyed.*"

From the assemblage of those electro-physiological and pathological facts, I have concluded in my first work* that *the chorda tympani presides over the general and gustatory sensibility of the anterior two-thirds of the tongue, and that the integrity of the nerve is necessary to the complete exercise of those functions.* The action of the chorda tympani upon the gustatory sensibility is now undisputed by any one. That physiological phenomenon discovered by Bellingeri, and subsequently confirmed by the pathological facts published by MM. Montault, Berard, etc. has been even ascertained in vivisections.† But the action of the chorda tympani nerve has not the same influence upon the general sensibility of the tongue; that property was completely unknown previous to my researches.

If the animals in which MM. Magendie and Bernard have pinched, or even torn out the cord of the tympanum, have not cried out during the operation, does that prove that they experienced no sensation in the tongue? Certainly not. It only proves at the most that they suffered no pain. But how could they express that kind and degree of lingual sensation which never amounts to pain? No one is less inclined than I am to dispute the usefulness of vivisections; but it is evident that they are insufficient in a great number of questions concerning the nervous system, and especially in the study of the sensations or of the different phenomena of sensibility.*

5. *Influence of the Excitation of the Chorda Tympani upon the Submaxillary Gland.*—We are indebted to vivisections for demonstration of the necessary influence of the chorda tympani nerve upon the secretions of the submaxillary gland. M. Cl. Bernard discovered that the section of the chorda tympani prevents that gland from secreting.

My own experiments, although hundreds of times repeated, did not lead me even to suspect the existence of that fact. But when I became acquainted with the important discovery of M. Cl. Bernard, I ascertained that by my process of Faradising the chorda tympanic nerve in the human subject, salivation is sometimes promoted, but that it is always preceded by dryness of the tongue on the excited side, as I had already noted in my memoir of 1851. However, the salivation, which only seldom takes place, is not, even when it does take place, such as to attract the attention of the patient. Doubtless this arises from the cord of the tympanum being too feebly excited in my experiments made upon human subjects.

6. *Some Anatomical Considerations upon the Origin of the Chorda Tympani Nerve.*—This problem of physiology (the study of the action of the chorda tympani nerve upon the general sensibility of the tongue) will never be completely solved until there shall be perfect agreement between electro-physiological experiment, pathological observation, and anatomical fact.

* Loc. cit.

† M. Claude Bernard has, in fact, cut the chorda tympani nerves of dogs in the middle ear, and in every case he found the sense of taste diminished. In other cases he has divided the facial nerve where it penetrates with the acoustic into the external auditory canal, and then he has observed, independently of the facial hemiplegia, a diminution of the gustatory faculty.

* For instance, how are we to study upon animals the phenomena of anæsthesia and analgesia, which have been discovered by pathological observation on man?

Unfortunately, there is everything rather than agreement among anatomists as to the origin of the cord of the tympanum.* Is that origin sensible, moving, or mixed? I have analyzed and discussed, in my first work on the chorda tympani nerve, the anatomical researches which have been made upon this subject.

The anatomical facts which are in favor of the sensibility of the nerve may be thus summarily stated:—

1st. If the researches of Bischoff, of Gædfchens, and the more recent ones of M. Cusco are exact, the accessory filament of Wrisberg, the small nervous net-work situated between the acoustic nerve and the facial nerve, should be considered as to its origin as analogous to a posterior or sensitive root.†

2d. According to other authors, sensibility may also reach the cord of the tympanum by two or three retrogade threads proceeding to it from the lingual nerve.‡

Admitting that the sensitive origin of the intermediate nerve of Wrisberg, and, consequently, of the chorda tympani nerve, is not yet sufficiently established by anatomical discoveries, it is none the less proven by electro-physiological and anatomo-pathological facts that that sensitive origin must exist. Here, then, physiological demonstrates anatomical fact.

Moreover, an analogous precedent. Thus, the exclusively motive property of the little root of the fifth pair (masseterine branch) is contested by no one, although that nerve, which it is impossible to follow beyond its emergence from the protuberance, seems to have with the fifth pair a sensitive source.

"The salivary secretion," according to M. Cl. Bernard, "is explained by a reflex action, in which, as ever in like cases, a sensitive nerve and a motive nerve both take part." The sensitive nerve which produces the motive reaction upon the submaxillary gland should, according to that learned physiologist, be the lingual nerve; while the chorda tympani should be exclusively motive, a property owing to the intermediate nerve of Wrisberg, *constituting a root of sympathetic origin.*

To sum up: if the origin of the chorda tympani is not yet sufficiently established, neither can we now say with Professor Berard that the chorda tympani is an enigma to puzzle the sagacity of physiologists. In fact, the electro-physiological experimentation upon man, and the electro-physiological experimentation upon animals, complete and demonstrate each other: the former showing that the chorda tympani nerve presides over the general and gustatory sensibility of the anterior two-thirds of the tongue; and the latter, that that same nerve exerts upon the submaxillary gland a motive action, without which it cannot secrete.

7. *Therapeutic Deductions.*—I have confessed that at the beginning of my researches with the therapeutic action of the process of Faradisation, of which I have shown the physiological action, I was not guided by any theoretical idea, but proceeded empirically. I only knew that I was about to excite the chorda tympani nerve, of which, as the chief end of my experiments, I had to study the physiological properties. But what could I expect from its excitation? Even now, when I am better acquainted with its physiological properties, I cannot see what there is in common between the chorda tympani and the acoustic nerve. We know, in fact, that in electrifying the former, we act upon the general and gustatory sensibility of the tongue, and excite the secretion of the submaxillary gland. But what influence can such excitation exert upon the hearing, unless, indeed, we admit with Arnold, that the anastomosis existing between the acoustic nerve and the nerve of Wrisberg, into which the chorda tympani continues, is real, and not, as at present believed, a simple attachment?

The anatomical fact not being as yet demonstrated, I cannot absolutely deny that the excitation of the chorda tympani nerve may react upon the acoustic nerve. And accordingly, I shall make due account therefor in exibiting the therapeutic facts.

It is principally to the movements of the chain of little bones—movements caused by the successive, sudden, and more or less rapid contractions and relaxings of their motor muscles, which produce the vibration of the *fenestra ovalis*, and consequently, the agitation of the labyrinthic liquid; it is, I say, to that movement that I

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* The chorda tympani nerve sends a communicating thread to the submaxillary gland. This anatomical fact, disputed by Professor Cruveilhier, is demonstrated by the experiments of M. Cl. Bernard.

† Gædfchens, in a thesis maintained at Heidelberg, in 1832, established that the origin of the filaments which constitute the intermediate nerve may be traced backward to the posterior portion of the spinal marrow in the vicinity of the rhomboidal sinus. M. Cusco, in his thesis for the doctor's degree, maintained in 1848, says that Wrisberg's intermediate is the direct continuation of the innermost portion of the posterior middle line of the spinal marrow.

‡ It is to this anastomosis that M. Longet attributes the influence exerted by the chorda tympani nerve upon the sense of taste.

attribute the so powerful therapeutic action exerted upon nervous deafness by that process of electricity. In fact, let us but consider how carefully nature has surrounded the acoustic nerve to protect it from physical injury from without.

Not only is it inclosed within the petrous bone, destitute of all communication with the exterior, but it is still further immersed in a liquid to moderate exterior movements. We may thence comprehend how that nerve, soft and pulpy, must be affected by the too lively agitation of the labyrinthic liquid into which it is plunged, and which habitually only weakly undulates under the influence of the sonorous waves that strike upon the tympanum. In truth, I know not how I can otherwise explain the very considerable therapeutic action which, as we shall presently see, is exerted upon the organ of hearing by an electrical excitation apparently so feeble.

B. Facts Demonstrating the Therapeutic Value of Faradisation of the Motor Muscles of the Little Bones, and of the Chorda Tympani.—The cases in which I have successfully tried the process of auricular electrifying in question may be arranged in the class of deafnesses known as nervous deafness, or, in other terms, deafness which, during the life of the subject, exhibited no appreciable symptom of organic lesion. Those cases are now very numerous; the observations upon them have been carefully collected, and their complete relation would swell this work to a too considerable extent. Compelled to confine myself, I will only bring forward, as instances, some of the principal facts.

1. *Hysteric Deafness.*—In the foremost rank of the nervous paralyses which I have seen cured the most surely and the most rapidly by the process of Faradisation, I place the deafness which is connected with the hysteric condition. I will relate a single case, by way of instance:—

Case 2. Hysteric Deafness of Several Months' Standing rapidly cured by Faradisation of the Motor Muscles of the Little Bones, and of the Chorda Tympani.—A young girl, habitually quite regular, and otherwise generally healthy, occupying the bed No. 13 in Saint Martin's ward of the Hospital of Pitié, was cured there, at the beginning of April, 1855, of a typhus fever, after which she was not regular again, though the general health appeared very good. During her convalescence at the hospital she had a very warm dispute, just after which she was seized with sobbing and choking, which, however, did not proceed so far as complete hysterical fit. On the following day, at the very same hour in which on the previous day she had had the dispute which had so much affected her nervous system, the patient fell into a sort of cataleptic state, in which she continued for a whole hour and a half. That species of attack recurred several times during the remainder of her stay in the hospital—a term of about six weeks. On leaving, she returned to domestic service; but her menstruation did not recur, and by degrees she perceived a constantly diminishing sensibility on her right side, at first in the arm and then in the leg. At the same time the motion of the limbs was less, as was the strength, so that at length she was obliged to quit her employment as a domestic servant, and return to the hospital. At the time of her doing so, she could not keep in her left hand any object that was placed there. Placed under the care of M. Briquet, it was ascertained, by touching, pinching, and electrifying, that her whole left side was affected by cutaneous and muscular anæsthesia, (trunk, limb, and face being all affected,) and a muscular weakening so great as to make it difficult for her to walk, and to embarrass her considerably in the use of her arms. If any object were placed in her hand when she was not looking at it, she immediately let it fall. The organs of the senses were equally affected in the left side; the sight was considerably weakened, and smell, taste, and *hearing were abolished.* The mucous membranes of the nose, the ear, and the conjunctiva were completely anæsthetized, as was the skin of the pavilion and of the external auditory conduit. The patient was still further affected by continual and very various intra-aural sounds, (buzzings, ringing of bells, and whistlings more or less strong and shrill,) which completely deprived her of sleep.

M. Briquet was so good as to permit me to try in this case the therapeutic action of the various modes of electric excitation, which he had seen me successfully apply to a considerable number of patients in his ward who were laboring under similar functional disturbances. In three visits daily, the electro-cutaneous excitation restored the sensibility of the trunk and the arm; (the lower limb was reserved by M. Briquet that he might make comparative trial of the oil of Croton Tiglium.) I must add that after the electro-cutaneous excitations, the menstruation, which had been suspended from the commencement of the typhus fever, was restored to its normal regularity. It sufficed for me to pass the metallic rheophores along the nasal and lingual mucous membrane, to restore, with the general sensibility, the senses of taste and of smell. *I also restored the sensibility of the pavilion and of the external auditory conduit; but without modifying the functional disturbance of the hearing.* Then the patient being so placed as to give her auditory conduit a vertical direction, I filled it with plain water, and then having plunged a metallic thread into that liquid, and taking care that the

metal should touch neither the walls of the auditory conduit nor the membrane of the tympanum, and having placed the other wet rheophore upon the mastoid process, I passed ten intermittences of the current of my inductive apparatus, with an interval of half a second from each to each. The current, extremely weak at first, was gradually augmented in strength, until a disagreeable, though not actually painful, sensation was experienced in the depth of the auditory conduit. At each intermittence, the patient immediately heard a slight dry, crackling sound on the excited side; but *she experienced no sensation* in the tongue. Immediately after the operation, she could distinguish the ticking of my watch at a very considerable distance, which previously she could not distinguish even when the watch was placed in contact with her ear; and she could hear the voice as well on the left as on the right.

On the following morning I learned that the cure had been only temporary, (it lasted only an hour,) but I ascertained that the hearing was only weakened, and that the intra-aural sounds were neither so strong nor so annoying. I renewed, in the same manner as in the previous day, the operation upon the ear; it produced the same physiological effects, and the hearing immediately became normal. From the time at which the patient entered the hospital, her nervous crises had become more frequent; recurring every week, and sometimes lasting for one or two hours each attack. The cutaneous sensibility and the muscular strength, which had been for some time preserved, were lost again; and for several weeks the patient had her left arm contracted. However, she experienced no disturbance as to her hearing, and a few months afterward left the hospital perfectly cured of her deafness.

That case is a type of hysterical deafness, and shows with what facility it yields to the process of Faradisation of the ear. I could report many similar cases which have been cured with the same rapidity, and which differ from it only as to the degree of the disturbances of the hearing, or by the form of the other symptoms characterizing the hysteria. Thus, that species of deafness is not always complete; it is generally complicated by intra-aural sounds more or less strong and annoying.

Generally, the disturbance of the hearing exists only on the left side, as do the other disorders of the sensibility and mobility; but it sometimes, also, occurs that the deafness is on both sides, though greater on the left.

It must not be inferred from the foregoing case that hysteric deafness is always a slight affection, because of its making such a degree of resistance as is instanced in the above case. I have met with cases of hysteric deafness which for whole years have obstinately resisted every kind of treatment. However, although I am not prepared to give the precise statistics of all the cases of hysteric deafness which I have subjected to electro-therapeutic experiment, I may say, approximately, that hysteric deafness is curable by that treatment in eight cases out of ten. Some, probably numerous, cases of that form of deafness may be happily modified by peripheric excitation. In fact, I have seen such disappear before the simple Faradisation of the skin of the pavilion or of the external auditory conduit, and even of regions more or less distant from the ear. In those cases the same result would be obtained by any other kind of excitation; as, for instance, exciting injections into the external auditory conduit or of the Eustachian tube, or blisters applied in the vicinity of the ear. The reason is that in hysterical disorders, as in certain general nervous disorders of the same nature, excitation of a very limited space of the cutaneous surface causes the disorder to disappear as if by magic. In support of that assertion, I might cite cases of anæsthesia affecting the whole surface of the body, which, by an electrical excitation limited to any given point of the skin, have been immediately cured. In like manner it also sometimes happens in those cases that disturbances of the senses (smell, taste, sight, and hearing) disappear at the same time if they have existed.

Similar means will prevoke the return of menstruation. It would be well were it always thus. I have been able to cure hysteric deafness which had defied all the rational means often directed by very competent and skillful men, who had vainly employed more or less stimulant injections by the external auditory conduit or by the Eustachian tube, and even the electro-cutaneous excitation. To the deafness there were almost always added varied and incessant intra-aural noises, which drove the patients well-nigh to despair, and offered as obstinate a resistance to the curative means as the deafness itself. Well, in general all those nervous disorders yield to the Faradisation of the motor muscles of the little bones and of the chorda tympani.

To be continued.

We learn that Surgeon Wm. S. King, formerly Medical Director of Banks' Division, we believe, has been assigned to the same position over the hospitals in this city. Surgeon Taylor has likewise the appointment of Medical Inspector, and Surgeon Cooper that of Medical Purveyor.

Operation for Morbus Coxarius.

Removal of the Head and Neck of the Femur, and also the Articulating Face of Acetabulum.

By E. S. Cooper, A.M., M.D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

Brief notes of this case were published in the *Medical Press* shortly after the operation was performed; I now propose giving the case in detail.

Case.—Miss M. T., aged five years, afflicted for two years with hip-joint disease, and had been subjected to a great variety of treatment by different physicians. She had worn an apparatus producing extension and abduction with temporary relief, but without permanent benefit.

Condition when operated upon.—The leg of the diseased side was flexed considerably, and, without measurement, apparently shorter by an inch and a half than its fellow. Abscesses had been forming over the ilio femoral articulation for eight months, and discharging at different points in the neighborhood until over half a dozen sinus openings had been found on a line from the centre of the dorsal surface of the ilium to the external margin of the attachment of the tensor vaginæ femoris.

A probe could be passed four inches along a sinus terminating below the hip-joint, while another, two and a half inches long, was found terminating above, near the crest of the ilium. The patient was prostrated to the last point of endurance. The adipose tissue external to the gluteus maximus muscle, as well as a portion of that muscle, was degenerated so as to resemble cartilage more than their own proper structures.

Operation May 13th, 1861.—Probes were introduced into the two sinuses mentioned, and incisions made down to them. It was found that both the sinuses communicated with the hip-joint, but not with each other. After cutting out the sinuses as far as the knife could be made to follow the probes, the parts for the space of an inch required dividing between them to make the incision continuous over the joint.

This being done, care was taken to search for secreting surfaces on the under side of the deep-seated fascia, but none being found, attention was directed to the hip-joint. Sinuses were found leading into it. With a chisel, the soft parts were removed from the anterior surface of the upper part of the trochanter major, and also from the internal surface of its base, dividing some muscular tissue. The capsular ligament had become so identified with the surrounding parts by thickening, adhesion, and by ulceration, that it was impossible to ascertain when it was reached. Abnormal attachments were found between it and the cervix femoris. The cotyloid ligament was much changed in structure. The head and neck of the femur were found nearly absorbed.

A bone forceps was then taken, and the bone divided where it joins the trochanter major. The ligamentum teres had been destroyed by ulceration. The entire surface of the acetabulum was found ulcerated, and at the bottom so deep as to reach the soft tissues lining the bone inside the pelvis. The extent of disorganization was so great that the hip bone on that side was divided into distinct portions, so that one part could be depressed or otherwise moved to a manifest degree without the other, one part of the walls of the acetabulum being seen to pass by the other.

A major portion of all the surface of the acetabulum was removed with the chisel as well as a considerable part of its brim.

The disease, however, extended up the bony surface so far in the region of the dorsum of the ilium, that it was impossible to follow it without involving the operation in an unjustifiable degree of danger. The division of the hip-bone into two parts, as described, appeared to be at or near the point where the ischium and pubes join the ilium through the walls of the acetabulum. Very considerable quantities of diseased bone were permitted to remain in consequence of the risk of wounding important structures in the immediate region by an attempt at their removal. Much was anticipated, however, from the restorative efforts of nature, should the patient recover from the operation, aided by a method of after-treatment which favors the egress of any portions of bone that may exfoliate.

A piece of lint, one end of which being sufficiently large to fill the entire acetabulum, was applied in the wound. A roller was next placed around the limb on that side as tightly as the patient could conveniently bear, commencing at the toes and continuing up around the hips. This dressing was all wet in an evaporating lotion composed of one part of alcohol and ten of water prior to being applied, and wet afresh every hour for some days, and was permitted to

remain without being changed for fresh material for two weeks. This is for the reason that it is very difficult to obtain a perfect adjustment of the roller the second time after these operations in young children, and in these as other operations involving the bones, the proper application of the roller is a *sine qua non* to the successful after-treatment. It is by means of the roller that we may expect to effect a consolidation of the softer tissues in the neighborhood whence the diseased bone has been removed, and thereby prevent the burrowing of purulent matter among the neighboring parts, the most frequent source of failures and fatal terminations. And it is for this reason that the usual method of after-treatment, namely, by promoting healing by first intention, has been so frequently made the subject of censure in the *San Francisco Medical Press*, because a trial to heal by first intention is always made at the risk of causing the burrowing of purulent matter.

After the operation, the patient, who had not slept an entire night for many months, began to sleep well, and in less than a week, her nights were almost undisturbed.

When the dressing was changed and the surface of the wound examined, it was found entirely healthy, the whole surface whence the diseased bone had been removed being covered by healthy granulations. On the sixteenth day after the operation, the patient moved across the room by the aid of a little chair, which she pushed before her. In two months after, I saw her on the street, but so fat that I did not recognize her at first. Her recovery was uninterrupted and rapid. At this time, ten months after the operation, she is almost entirely well, walking finely, with the leg of the diseased side almost as long as its fellow. The symmetrical contour of the hips is almost entirely restored. This circumstance is very encouraging, in view of future operative procedure for the cure of this truly formidable disease, when it involves the entire hip-joint, resulting in ulcerations opening into the pelvic cavity as in this case. It shows that a surgeon is not to lose hope of effecting a good cure in the worst class of cases.

Our very valuable cotemporary, the *Cincinnati Medical and Surgical News*, favors its readers with some excellent selections from the Reporter, for which we are grateful; but it fails to give us due credit therefor, which is but the dictate of proper editorial courtesy.

Illustrations of Hospital Practice.

LONG ISLAND COLLEGE HOSPITAL.

Reported by William Gilfillan, M.D.,

Secretary to the Faculty of the Hospital.

During the month of May, 1862, there were 582 patients treated in the outdoor and indoor departments of the hospital.

Of this number 347 were medical cases, 193 surgical, and 42 were diseases of women. In the treatment of these cases 1020 prescriptions were dispensed in the establishment. The diseases are classified as follows:—

Diseases of the nervous system, 16; digestive organs, 102; genito-urinary organs, 13; lungs, 67; heart, 6; throat, 20; skin, 45; general system, 27; bones and joints, (necrosis, 2,) 8; eye, 20; ear, 5; fevers, 19; rheumatism, 19; fractures, (5,) bursitis, (4,) 9; abscesses, (14,) felons, (7,) 21; Ulcers, (12,) wounds, (5,) contusions, (14,) 31; burns, (6,) scalds, (1,) 7; tumors, (2,) foreign bodies removed, (1,) 3; hernia, stricture of rectum, ganglion, of each 1, 3; intestinal worms, 5; club-foot, (1,) bite of dog, (2,) 3; enlarged glands, 8; vaccinations, 26; teeth extracted, 23; unenumerated, 34. Total, 540.

The special diseases of women are classified as follows:—

Amenorrhœa, 9; menorrhagia, 3; vaginitis, 3; ulceration of os uteri, 7; prolapsus uteri, 3; prolapsus vesica, 1; fibrous tumor of uterus, 1; debility from lactation, 2; pregnancy, 1; polypus uteri, 2; anæmia, 10. Total, 42. To which add 540. Grand total, 582.

Brooklyn, June 24, 1862.

EDITORIAL DEPARTMENT.

PERISCOPE.

CLINICAL EXPERIMENTS ON SOME OF THE EXTRACTS MOST COMMONLY EMPLOYED IN MEDICINE.

M. Hirtz instituted a number of clinical experiments in order to determine the relative value of certain extracts obtained from different parts of the same plants. The extracts employed were those of aconite, belladonna, conium, digitalis, hyoscyamus, and stramonium; and the motive for making the experiments was the uncertainty which prevails as to the efficacy of a given extract, the difference in operation being due to the varying conditions in which the respective plants, or parts of plants, are employed. Thus the extract of aconite made from the leaves is without any therapeutical value; the stem of the digitalis is generally far inferior in efficacy to the leaves of the same plant; the extract from the leaves of hemlock is feeble in its operation, as conia (the

alkaloid) exists only in small quantity in the green parts of the plant; and the extract of henbane made from the leaves is easily altered in its qualities and rendered inert.

Aconite.—The cultivated aconite does not contain any active principle, and in the wild plant this principle is almost entirely concentrated in the root, the powder of which is so acrid as to be almost insupportable to the eyes. M. Hirtz administered to patients in the hospital the extract of the leaves in doses of from half a gramme to a gramme, (seven grains and a half to fifteen grains,) generally without producing any physiological result; but the effect of the extract of the root was entirely different. A pill containing five centigrammes (a centigramme is ·1543 of a grain) was given to a patient with asthma and emphysema, and half an hour afterward he was seized with vertigo, partial blindness, dilatation of the pupil, extreme paleness, lipothymia, and fluttering pulse. In consequence of these dangerous symptoms, the extract was given to other patients only in the dose of one centigramme. Therapeutically, it was found that cough, and particularly hooping-cough, was allayed by this extract, which appears to be superior in its action to belladonna.

Hyoscyamus.—While the active principle of aconite undoubtedly exists in the root, that of hyoscyamus certainly resides in the seeds, and, in fact, chemical analysis proves that *hyoscyamia* is found in greatest quantity in the latter parts. The extract of the leaves was given to patients in the dose of fifty to seventy-five centigrammes a day, and the physiological effects were those usually described, as dilatation of the pupil and dryness of the throat; but these results were not only slightly marked, but they were rather inconstant, and even a gramme was sometimes given without their being observed. With the extract of the seeds, however, the phenomena were much better marked and more constant, and although only a centigramme was given at a dose, there were dryness of the throat, dilatation of the pupil, more or less complete blindness, paleness, and cold sweats. Therapeutically, the extract of the seeds was efficacious in phthisical coughs, and more efficacious than aconite in asthmatic attacks.

Belladonna.—While the active principle of aconite resides in the root, and that of henbane in the seeds, the active principle of belladonna occupies both those parts, and it is known besides that the berries of this plant are violently poisonous. It results, however, from analysis as well as clinical observation, that the extract or powder of the root is more active than that obtained from the other parts. In a therapeutical point of view, it was found that the prolonged use of the extract of the root of belladonna diminished the violence of some asthmatic attacks, and warded off the paroxysms in a considerable degree; the same remedy appeared efficacious in some cases of obstinate constipation in women, two centigrammes given in the evening being followed by an evacuation the next day; and in hysterical trismus the same remedy induced relaxation of the jaws in two cases after being employed for a few days.

Datura Stramonium.—The active principle of this plant resides chiefly in the seeds. The researches of M. Hirtz proves that there exists a great pharmaco-dynamic and therapeutical similarity between datura stramonium and belladonna. The therapeutical effect of stramonium in asthma was most remarkable when used in the form of cigars; but when employed internally in the same disease it was no less efficacious, although less rapid in its action.

Digitalis.—The active principles of this plant reside chiefly in the leaves, and these are the parts employed for medicinal purposes. The observations of M. Hirtz confirm the views of other writers on the peculiar powers of this drug.—*Bull. Gén. de Thérap.*

DEATH FROM JAUNDICE IN NEWLY-BORN INFANTS.

In one of the late numbers of the English medical journals some question is raised as to the fact of newly-born infants dying of jaundice. In proof that death does occur, I beg to adduce the following cases: I lately attended a lady who had borne seven children, the three first living, while the four last have all been carried off by this disease from eight to twelve days after birth. They were all healthy and well formed. In the child with which I confined her, the mother observed, about the third day, some slight change in the color of its face—such as would not, I confess, have attracted much notice from myself, —and sent it to be immediately baptized. There was, neither then nor at any subsequent period, any undue enlargement of the abdomen. After passing five days in a state of considerable suffering and increasing emaciation, it died. The alteration first observed in the color of the face passed gradually into jaundice of the blackest hue I ever beheld, and still darker spots (not purpuric) covered the body. Both its urine and stools contained bile. The mother informed me that the three other children had died in precisely the same way. The last, she stated, had been opened by two gentlemen, both eminent practitioners, connected with the Geelong Hospital. They could find no adequate cause for the affection.—*Australian Med. Record.*

DISEASED CATTLE.

In a report just issued by the Registrar-General of Scotland, he calls the attention of the public to the fact that ever since pleuro-pneumonia broke out among the cattle of this country a few years since, the returns of mortality have shown that carbuncle, a disease formerly very rare, has become comparatively common. Dr. Livingstone observed in Africa that if the flesh of animals which die from pleuro-pneumonia is eaten it causes carbuncle in the persons who eat

it, and that neither boiling nor roasting the flesh nor cooking it in any way gets rid of the poison. It is true that if such cattle are ever sold for food they are killed before they fall victims to the disease naturally, but still the poison is in them. The report suggests, as a subject for inquiry, whether the new form of disease which we term diphtheria may not be partially induced by the use of diseased flesh.

MARRIAGES OF CONSANGUINITY.

M. Boudin, so well known for his researches in medical statistical questions, thus concludes an interesting inquiry concerning the effects of marriages of consanguinity: 1. The opinions hitherto delivered, whether for or against the hurtfulness of these marriages, have for the most part not been based upon conclusive proofs. 2. It is the statistical method that can alone supply a scientific solution of the problem. 3. It results from my own researches that consanguineous marriages are contracted in France at the rate of two per cent.; and that deaf-mutes are the issue of consanguineous marriages in the proportion of 28 per cent. at the Paris Imperial Institution, 25 per cent. at Lyons, and 30 per cent. at Bordeaux. 4. Marriages between nephews and aunts are contracted in France in the proportion of 0·014 per cent., (fourteen thousandths per cent.,) while deaf-mutes are the results of such marriages in the proportion of 2·04 per cent. In other words, deaf-mutes resulting from such marriages are 145 times more numerous than they should be. 5. Marriages between uncles and nieces are contracted in the proportion of 0·04 per cent., (four-hundredths,) and the deaf-mutes resulting from such marriages reach 1·61 per cent., *i.e.* the danger of engendering deaf-mutes is 40 times greater in this kind of alliance than it is in ordinary unions. 6. Marriages between cousin-germans are contracted in the proportion of 0·77 per cent., and deaf-mutes are produced in the proportion of 18·47 per cent., *i.e.* 24 times more frequent than they should be. 7. The proportion of deaf-mutes proceeding from consanguineous origin would be still greater if we could take into account those which proceed indirectly from consanguineous marriages. 8. While at Berlin the proportion of deaf-mutes is but 6 in 10,000 among the Christians, it is 27 in 10,000 among the Jews. 9. In nearly the whole of the cases the deaf-mutes issuing from consanguineous marriages have parents who are perfectly healthy and exempt from hereditary affections. 10. When male and female deaf-mutes intermarry, not being consanguineous, the children they produce, with rare exceptions, are exempt from dumbness and deafness. 11. In the face of such facts as these, the hypothesis of a morbid hereditariness employed for the explanation of the frequency of deaf-dumbness among infants the results of consanguineous marriages, is radically false. 12. The hypothesis of the pretended harmlessness of consanguineous marriages is contradicted by the most evident and well-verified facts, and can only be excused by the difficulty, or rather the impossibility, of giving a physiological explanation of the production of infirm children by parents who are physically irreproachable. M. Boudin, in proof of the practical importance of this kind of inquiries, states that since 1831 more than 15,000 men have been exempted in France from military service on account of deaf-dumbness, dumbness, or deafness.—*Recueil de Mem. de Méd. Militaire* and *Medical Times*.

REVIEWS AND BOOK NOTICES.

A Practical Guide to the Study of the Diseases of the Eye; their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D., etc. 8vo., pp. 317. Ticknor & Fields, Boston. Philadelphia: J. B. Lippincott & Co. and Lindsay & Blakiston. 1862.

Ophthalmic medicine is now receiving that attention from American physicians which its interest and importance demands. There are numerous practitioners all over our extended country assiduously and successfully cultivating its several departments, but the original American works on the subject yet, are but few; although our journals are filled with valuable contributions in every department of ophthalmology, and there are few physicians who do not possess one or more works upon this subject. The only American works published are the brief treatise of Dr. Frick, of Baltimore, and the admirable manual of Dr. Littell, which are now out of print. Dr. Hays' edition of the works of Mr. Lawrence, also reprints of Mackensie, Travers, Walton, Wharton Jones, and Dixon. These, with the work now under review, constitute the whole of our contributions to the literature of ophthalmic medicine. The number of those, however, who take an interest in the subject seems to be increasing. Institutions for the special treatment of "diseases of the eye" have been established in most of our large cities, and in several of these clinical instruction is given affording material for valuable original works on the subject.

"In offering this treatise to the profession, the author does not assume to set forth all which is known in respect to diseases of the eye. He has endeavored to supply a want which his relations with junior practitioners and students have shown him to exist, and to prepare a work which shall afford, in a form as simple and concise as possible, a practical and serviceable knowledge of these diseases and of their treatment, to those whose opportunities for special study have been less extensive than they could have desired. It is only in a few cities in America that students find even limited facilities for clinical observation of these affections, and a very large number yearly begin their career as practitioners without

having enjoyed the privilege of any instruction whatever in this important branch of medical education. * * * * But he would not have assumed his task, except from a desire to fulfill the duty which he believes to be incumbent on every physician, of adding something, if possible, to the stock of knowledge which it is the glory of our profession to regard as the common property of all its members. He has hoped to do this by promulgating new and original views, which he deems highly important, upon certain of the subjects considered in this treatise, and by facilitating by simplified classification the study of what at first sight seem to be the intricate and complicated phenomena of diseases of the organ of vision."—*Preface.*

Chapter I.—This chapter is occupied with the method of examining the eye and the varieties of injection and differences of secretions and pain as a means of diagnosis.

Chapter II. is on the "Use of the Opthalmoscope," to which most important subject he only devotes three pages, and we regret, that in his concluding paragraph, he gives it more credit than even those who employ it often claim for it, but who consider it a most useful aid, far oftener yielding negative than positive results. His observation is as follows:—

"With the instrument thus properly adapted, the minutest details of structure or pathological change can be seen with almost as much clearness and precision as if situated in the external surface of the globe."—p. 14.

Chapter III. treats of "Remedies and their Applications." As he has entered upon a crusade against ointments and nitrate of silver, we shall give him an opportunity of speaking for himself, premising that in a practice of fifteen years, we have witnessed in over one thousand cases treated, injurious effects to follow in only one or two instances from the application of either the unguents or nitrate of silver to the eyes. And we consider that nitrate of silver has revolutionized the practice of the surgeon in many of the diseases of the eye, more especially the inflammatiops of the ocular and palpebral conjunctiva, and is truly almost a specific in the catarrhal forms.

"Solutions," he observes, "are preferable to any other vehicle for our remedies, as we are able to graduate them to a uniform strength, and no mechanical violence is requisite to their introduction. No ointments of any description should ever be used inside the eyelids. They are liable to vary in strength, to become rancid or decomposed, and their fatty substance forms, at best, a vehicle far inferior to water for distributing the medicinal agent over the whole of the affected surface. Under no circumstances do they offer any advantages which are not afforded by judiciously adapted aqueous solutions. I have seen most serious results from incautious use of nitrate of silver ointment in the hands of physicians themselves, as well as when employed by patients at the suggestion of well-meaning friends."—pp. 15, 16.

"The abuse of strong solutions of the nitrate of silver is another evil to which I feel bound to call attention. It is apparently considered, by some, a specific for all the ills which eyes are heir to, and is so lavishly employed, that we not only observe, as results, a disagreeable olive stain of the conjunctiva, but, in some instances, destruction of the folds of this membrane and adhesions between the lid and the globe, where solutions approaching to saturation have been incautiously applied. It frequently aggravates the symptoms, and I can assert, as the result of many comparative trials, where the nitrate, in solutions of different strengths, has been used for one eye, and solutions of the sulphate of zinc, with, perhaps, the crayon of sulphate of copper for the other equally diseased eye of the same individual, that I have always found recovery slower in the eye to which the nitrate of silver was applied, and have often been compelled to abandon its use and substitute the treatment under which the other eye had already recovered. I do not say that the use of the nitrate of silver should be abandoned. It may be resorted to with good effect in certain cases; but entire abstinence from its use, as an application inside the lids, for a long period in my own practice, has proved that it may be dispensed with without its want being felt, and I am glad to find the more recent authority restricting its use within far narrower bounds than formerly. My desire is, only to caution the young practitioner against too frequent use of this powerful stimulant, in cases where a mild astringent would better serve his purpose. It would be a gain for ophthalmic therapeutics if its use should become far less general; as, even in cases where its application may be followed by recovery, the same result would have been attained had milder means been employed."—pp. 17, 18.

"The crayon of sulphate of copper is capable of replacing, with great advantage, the nitrate of silver, in most of the cases where this has been in favor, especially in the treatment of conjunctival inflammation and granulated lids. It does not, like the nitrate in substance or in strong solutions, act as a caustic, destroying the surface of the conjunctiva, but as a powerful astringent. To obtain good crayons, which is exceedingly important, it is almost essential to procure crystals from a laboratory or to recrystallize a quantity of the sulphate; as, when sent to market, the crystals are so much broken that it is difficult to find suitable pieces. The part to be selected is the hard portion, free from water of crystallization, near the apex of the crystal. This is to be carefully cut with a pocket-knife, or sawn into the desired shape, which should be that of an ordinary crayon of large diameter. It may be rendered as smooth as a piece of glass by rubbing with a wet rag, and fitted in a porte caustique. If the selection has been well made, the crayon will wear perfectly smooth, and if carefully wiped after each application, may be used a great number of times, and for various patients, without danger; though, of course, as a precau-

tion, the physician should be provided with several, if he has to employ them upon those whose diseases are highly contagious. It should usually be very lightly applied, over the whole surface of the conjunctiva of the everted lid. Too heavy a touch should be avoided, as, if clumsily used, it causes much more pain, and acts as an over-stimulus."—p. 19.

We do not omit to use, nor do we disparage the use of sulphate of copper, but believe with Frederick Tyrrel,* "that when the eyelid is covered with small, hard, and pale papillæ, or, as they are termed, granulations, the best effects are seen to follow the light application of the sulphate of copper." As regards the large and flabby form, the cure is slow, but is much assisted by general treatment with local scarifications and the application of pretty strong solutions of nitrate of silver by means of a camel's-hair pencil to the inverted eyelid, and carefully wiped with a soft sponge. If the copper is applied even lightly, it gives so much pain that we always allow the patient to wash the eye freely in cold or tepid water.

Chapter IV.—In this chapter is discussed the affections of the conjunctiva, which are divided by our author into "Simple," "Eruptive," "Catarrhal," "Purulent," "Gonorrhœal," and "Of New-born Infants," etc. 'In the acute and chronic stages of the catarrhal form, he depends upon "a solution of sulphate of zinc in the proportion of from two to four grains to the ounce of water or rose water." "In the more obstinate or chronic cases, an additional local application should be made by the physician himself—the crayon of sulphate of copper, prepared as I have described it in the chapter on 'Remedies, and their Mode of Application,' and *lightly* passed over the inner surface of the upper lid, which is the original seat of the disease."—pp. 40, 41.

We think that Dr. Williams is not correct in his pathology of this disease, as we are sure, and are borne out in our words by all the first authorities of this country and of Europe, that catarrhal ophthalmia usually begins with a reddening and swelling of the *caruncula* and *plica semilunaris;* and if the surgeon examines the lining membrane of the lower lid, its vessels will be found increased both in size and brightness of color, (not the upper.) Next the ocular conjunctiva becomes inflamed, and in severe cases the fine net-work of vessels extends quite up to the edge of the cornea. And it is only when this form of the disease is not fully and completely cured in the active stages that it attacks, lastly, the upper lid. It is from a want of due discrimination between the purely conjunctival form of catarrhal ophthalmia and that in which the sclerotic and cornea are also affected, that many surgeons have been disappointed at the effect of the treatment by nitrate of silver. It is almost a specific in the former variety of inflammation, but useless, or even injurious in the other. The writer has cut short cases of catarrhal ophthalmia in a week, which, in olden times, would have been months in a dark room, being bled, blistered, and starved, with the local applications of solutions of sulphate of zinc, copper, or acetate of lead. At p. 42 our author gives his reasons for rejecting the nitrate of silver.

"In preferring the crayon of the sulphate of copper to solutions of nitrate of silver, I am far from wishing to undervalue the latter, or to advocate any merely routine treatment. But comparative experiments have proved for me that the sulphate of copper will accomplish everything which can be effected with the stronger remedy; and as it does not destroy the tissues, as is sometimes done by the nitrate to such an extent as to cause adhesion of the entire lid to the globe, or produce indelible stains, which often ensue when lunar caustic is employed for a considerable time, it certainly seems advisable to prefer a reliable and less dangerous agent than the nitrate must be admitted to be. Having charge, at one time, of a large number of ophthalmic patients in one of our public institutions, comprising many cases of chronic granulation of the lids, I repeatedly experimented, comparatively, with the two remedies, applying the crayon of sulph. cupri to one eye, and solutions of argent. nit. of various strength, to the other eye of the same patient. Of course, no differences of constitution or habits could influence the result, but I believe in every instance recovery was more rapid in the eye to which the crayon had been applied, and in some instances it was necessary to substitute the crayon of copper for the nitrate of silver before any improvement could be effected."

"The nitrate of silver, [in the conjunctivitis of new-born children,] whether in substance, solution, or ointment, should be avoided, as being less safe and less frequently useful than the means I have described."—p. 55.

Chapter V.—The ten pages are devoted to the consideration of the "Affections of the Lachrymal Organs." He considers that no excuse now exists for the insertion of canulæ or styles. The plan proposed by Mr. Bowman, of London, of enlarging the punctum, so as to admit of the use of even a common-sized surgical probe, has superseded all other methods in the majority of cases. —p. 67.

To say the least, we cannot but consider as premature the conclusion arrived at by Dr. Williams in reference to the operation, and hope we may be pardoned for inserting the following from Mr. Haynes Walton, On the Surgical Diseases of the Eye, London, 1861:—

"The process of Mr. Bowman is, however, as I find, tedious, and so disagreeable, that but few persons in public or private will submit to it sufficiently long. * * * My practice in general, therefore, is to dilate for a short time only, using in the first instance the smaller probe, and afterward the larger one, and then to introduce a style.

"I am thoroughly convinced that where there is really that degree of change in this conduit which imperatively calls for instrumental treatment, the

* See his works, published London, 1840, vol. i. p. 127.

wearing of a style is less irksome, the more beneficial, and the quicker plan. In some instances, where my patient's time was short, I have introduced the style at once."—p. 346.

Mr. Walton recommends styles of pure silver to be kept, of different diameters, because it may be advisable to commence with a small one. The figure he gives of the style which he employs shows a piece of silver wire about the thirteenth of an inch thick and two inches and a quarter long, having its upper end flattened and bent to a rounded right angle. The flat bent portion is to prevent the instrument from slipping out of sight, and lies outside the lower lid.

Chapter VI.—"Traumatic Injuries of the Eye." "In referring to injuries of the crystalline lens from blows, general opacity is observed to follow in a few weeks from the reception of the blow, and in cases of such injury the prognosis given should be guarded. In one instance the appearance of cloudiness was delayed for eight years—when cataract made its appearance, and required an operation for its removal."—p. 80.

Chapter VII. is taken up with the "Affections of the Cornea." There is nothing new in this chapter, except the discarding entirely of the use of the nitrate of silver, and substituting for it the older remedies of borax, sulphate and acetate of zinc, etc. He adopts Mr. Bowman's operation for "Conical Cornea," by puncturing the cornea near its lower margin, drawing out the iris by means of a short blunt hook, and securing it outside of the corneal wound by a fine ligature."—p. 113.

Chapter VIII. consists of four pages treating of "Affections of the Sclerotica."

"Notwithstanding the elaborate endeavors of authors to define simple inflammation of the sclerotica, I believe that it rarely, perhaps never, occurs as a distinct or primary disease. Complicated forms of the disease, sometimes described as rheumatic ophthalmia, etc. involving more than one of the tissues of the globe, are certainly not unfrequent; but the sclerotica seems peculiarly free from tendency to become inflamed. Injection of its vessels takes place whenever the cornea or iris are seriously affected, or when the entire globe is attacked, or an abscess forms within it; its structures may become thinned from disease of the choroid; but in all these circumstances the alterations in other parts precede those of the sclerotica, and are the important objects of our attention. Certainly the sclerotica never calls for special care in any of these affections, but the treatment of its symptoms merges in that of other parts which are simultaneously disordered."

In this quotation and connection he would seem to follow some of our French authorities in ignoring "Sclerotitis." That an inflammation commencing in one tunic of the eye is likely soon to involve other tunics, and to take on the characteristic symptoms of their inflammation, no one will deny; but to say that the conjunctiva, the iris, the cornea, the choroid, the retina, may each have its inflammation, and the sclerotic—that dense fibrous tunic—is to enjoy an immunity, is opposed to common sense and experience.

The last pages of Chapter VIII. are taken up with "Wounds, Thinning, and Staphyloma of the Sclerotica."

To be continued.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 7, 1862.

THE SANITARY COMMISSION.

We have watched with interest the progress of this organization from its first inception. We have witnessed its culmination, and its gradual subsidence to its appropriate sphere. As occasion seemed to demand it at our hands, we have criticised freely its movements, always intending to do so with candor. Our criticisms may have been severe, but they never have been dictated by feelings of hostility toward the organization, or ill will toward its members. When its towering ambition essayed to displace the medical department of the army, and foist itself into the places filled by veterans in medical knowledge and experience, we ventured to suggest, in its own eloquent language, that the Sanitary Commission was organized "to aid the medical bureau, without displacing it or in any manner infringing upon its rights and duties;" that it grew "out of no charges of negligence or incompetency in the War Department or the medical bureau," and that "it will disband should experience render its labors embarrassing to the government, or less necessary and useful than it is now supposed they will prove to be."

So also when the Commission in its reports, as published in the journals of the day, revealed to us the fact that a large proportion of its cash receipts from the charities of the people were distributed among its members for salaries and expenses, we ventured to quote again its own patriotic language, expressing the philanthropy and humanity which originated and dictated its movements, that "its motives being humane and patriotic, its labors will be its own reward," and that "its members freely give their time, experience, and labors to the country." This we did, not because we would deprive the individuals engaged in so laudable an enterprise of the meagre salary thus paid to them, or object to their being liberally rewarded for their outlay of "time, experience, and labors," but because in our humble

logic the two positions did not well comport with each other, and forcibly reminded us of the man who—

"With one hand put
A penny in the urn of poverty,
And with the other took a shilling out."

But now that the Commission has reached its proper level and assumed its legitimate position, that of an adjuvant to the medical department of the army, and is laboring with all its energies to aid the medical bureau in the prosecution of its arduous and overwhelming work, we are ready to attribute the little peccadilloes we have from time to time pointed out in its movements to the ardor and impetuosity of youth, and most cordially commend the earnest labors of its maturer years as eminently worthy. Of late it applies itself with assiduity to its appropriate work, and seems admirably adapted to the position of an aid to the medical bureau. The very irresponsibilty of its organization, save to its patrons and to the community, and its entire freedom from the trammels of fixed system, seem to aid it in ministering to the wants of the sick and wounded. It has a sort of elasticity which enables it to accommodate itself to the changing circumstances around it, and to be free, prompt, and speedy in supplying the pressing wants of the suffering. In the urgency of the moment it can reach forth its benefactions before the routine movements of the regular service have scarcely begun. In this sphere it is doing a good work, and no doubt has been and may still be the means of saving the lives of many brave soldiers. Still, as the medical department expands itself to comprise the full control of all that relates to the sanitary condition of the army, its labors must gradually decrease, and the organization ultimately become extinct. We are pleased, therefore, to record our gratification that, as the almoners of public charities in subordination to the medical bureau, it is fulfilling a glorious mission for humanity, and is deserving of commendation and gratitude.

EDITORIAL NOTES AND COMMENTS.

Army Hospitals of the City.—The Christian Street Hospital now contains about two hundred patients, sick and wounded from the late battles, and from the various camps. Last week twenty went to their homes on furlough. The patients are mostly convalescent, few having any diseases of a serious nature. The new wards lately added to this hospital are entirely completed, and are now occupied by patients. The establishment will accommodate over three hundred patients.

The hospital at Fifth and Buttonwood contains two hundred and twenty men. About fifty discharges were granted during the past week to soldiers who were not fit for any further active service. In this institution none are very sick, the majority suffering from chronic rheumatism. During the past two weeks no deaths have occurred here. No wounded are in this building, all having diseases which they contracted in camp.

At the hospital at the corner of Twenty-second and Wood Streets there are two hundred and thirty sick and wounded, very few, however, having been injured in battle. A few days ago twenty wounded arrived from Baltimore. It is expected that more will be received. The patients are in very good spirits, and, with the kind attention given to them, the majority will soon be able to leave again for their regiments.

The institution at the corner of Twenty-fifth and South Streets also has its full complement of men. This hospital is in an excellent location, giving a fine view across the Schuylkill.

At the principal hospital, at Broad and Cherry, there are 612 patients suffering from various diseases, besides a large number of wounded. In a few days fifty more will be sent to their homes, not being able to stand the hardships of camp life. During the past month but two deaths occurred, out of an average number of 600 patients. This reflects much credit upon those in charge. It is expected that during the present week 170 of the men will be sent to Pittsburg and other places West.

Triticum Repens in Irritability of the Bladder.—Henry Thompson, Esq., communicates to the London *Lancet* some experience he has had with this remedy. The herb is well known among the common people, and goes by the name of dog grass, or couch grass. It is extremely troublesome to farmers, from the difficulty of eradicating it. It grows about two feet high, with stems trailing at the lower joints. In Mr. Thompson's hands it has proved peculiarly efficacious in irritability of the bladder produced by inflammation of the prostate and neck, in severe gonorrhœa, in pain and spasm from calculus or stricture. It is also a useful remedy in painful micturition. The following is his uniform formula: One ounce of

the dried and cut stem is infused in a pint of boiling water for an hour. The liquor is then removed by straining, and given, unmixed with any other remedy, in quantities varying from twelve ounces to a pint, during twenty-four hours, in divided doses. The taste of the infusion is rather agreeable than otherwise, and produces no nausea or derangement of the stomach. The plant should be gathered in the spring, shortly before the leaves appear, and slowly dried by the sun and air. The remedy is well worthy of a trial by the profession.

The Cure of Talipes—The First Operation.—In a biographical notice of the late Dr. John Ball Brown, we see it stated that he was in practice sixty-seven years, and died at the advanced age of eighty-eight years. It is also asserted that on the 21st day of February, 1839, he performed the first operation in New England for the cure of talipes, by the subcutaneous division of the contracted tendons. The patient was from Milton, Massachusetts, and the result was beyond the "most sanguine expectations" of the eminent surgeons of that day. It was a complete cure.

CORRESPONDENCE.

Foreign Correspondence.

Hopital de la Charite.—Service de M. Velpeau.

Paris, May 10th, 1862. Saturday.

A few days ago I spoke of a man who entered the hospital on the 28th of April with an extensive contused wound of the scalp. One of the flaps of the wound was torn up for a considerable extent from its connections with the parts underneath.

Some time after his entrance we discovered, near the wound, a painful point with fluctuation announcing liquid, and threatening to become a starting-point of inflammation.

Two methods of treatment here presented themselves: 1st. To remove all the sticking-plaster, and thus run the risk of seeing the recently joined parts separate; or, 2d. To retain the bandages at the risk of causing an extensive phlegmon by the constriction and irritation. We followed a medium course, and with the happiest effects. We removed all the sticking-plaster from the part of the wound near the seat of inflammation, and covered it with a large cataplasm. The patient is now well. Care should be taken not to suppose that a medium course is always to be chosen when a choice of difficulties is presented, as very often the only result would be that you would escape neither danger; and in truth we were a little afraid in this case that there would be enough sticking-plaster left to cause inflammation, but not enough to prevent separation of the flaps.

Case No. 2.—Phlegmon of the hand. The back of the hand is much more swollen than the palm; and it might, therefore, be supposed that the centre of suppuration was there, but it is not so. The thick skin of the palm of the hand prevents swelling. We plunge a bistoury into the point, which gives the sensation of most fluctuation, and the pus immediately escapes. We make also a small incision at the back of the hand, and by some pressure pus escapes also from this opening.

Case No. 3.—Young man with a wound of the eye, caused by a companion having plunged his finger into it. There is no wound of the surrounding parts, but the eye itself is very red, the conjunctiva being much injected. The pupil is dilated and ovoid. On the sclerotic, close to the cornea, is a small, blackish spot, elevated, of the size of a fly's head. Can this be a hernia of the iris? This is excessively rare beyond the limits of the cornea.

Is it, by any possibility, the choroid coat? This is black indeed, but is so thin and fragile that one can hardly understand how it could form a hernia. We cannot tell, then, with certainty what this little elevation is composed of. It is certain, however, that the wound of the eye is very serious; for the shell of the eye having been broken, it is to be feared that the interior and more fragile parts are still more seriously injured. The fact that he is able to see a little with the eye is favorable. We shall, for treatment, place him upon low diet, and should inflammation supervene, use actively antiphlogistic measures.

Case No. 4.—Woman with an ovarian cyst, which we have evacuated this morning. The liquid which flowed out (more than a bucketful) was of a very dark color, almost black, and we therefore abstained from making any injection. The more clear the serum is, the greater chance there is of a cure by an injection.

In Bed No. 10, of the same ward, is a young woman, who also has a tumor of the abdomen, which we at first supposed to be an ovarian cyst;

but afterward a more minute examination threw some doubt on the subject. On percussion there is no flatness. The sound is clear even where there is apparent hardness, showing the presence of air between the tumor and the walls of the abdomen. On examination per vaginam, we found there no evidence of any tumor. By pressing with the fingers on the walls of the abdomen, a hard resisting body was felt at some little distance from the surface. We have made, this morning, an exploratory puncture over the most marked protuberance, and there issued only a little bad-smelling, purulent liquid, drop by drop; it is, therefore, evident that there is no cyst. What, then, can it be? Fibrous tumors are firmer, and not painful as this is. Can it be a product of conception, or is it an enlarged and solidified ovary? We do not know, with any certainty, more than that it is in all probability connected with the ovary. The case is a very serious one. We shall allow the exploratory needle to remain until no more liquid appears at the wound, as it would be extremely dangerous for even a few drops of this unhealthy pus to escape into the cavity of the peritoneum. The escape even of a large amount of clear serum would be of little importance, but a very little of this pus would be fatal.

Hopital Lariboisiere.—Service de M. Chassaignac.

MAY 12, 1862.

Case of a young man with elephantiasis of the left leg. The limb is nevertheless as movable as the other. He can bring the foot up in contact with his face, although the diameter of the whole limb is about half as much again as that of the right leg. Three years ago an operation was performed on him for an enlargement of the prepuce, which incommoded him very much. The relief afforded then continues at the present time; therefore it is a mistake to suppose, as some do, that it is always useless to operate in a case of elephantiasis. We are treating this case by compression. In America it has been treated by ligature of the artery.

Case of disarticulation of the thigh by the flap operation. The stump is now nearly healed.

Case in which amputation of the thigh was performed some time ago by the écraseur. The stump is a very good one.

Case in which an enormous molluscum had been removed by the écraseur.

Case of hemorrhoids removed before the class by the écraseur, without the loss of a drop of blood. The advantage claimed for this manner of removing hemorrhoids is not that hemorrhage will never occur subsequently, but that it will occur less frequently than by any other manner of operating. [This patient, as well as another subsequently operated on for the same thing, was very difficult to bring under the influence of chloroform, giving fully as much trouble to the assistants, and occupying as much time, as is usually the case with ether.]

In an operation for cataract by depression of the lens, M. Chassaignac claimed as his own modification the retaining the lens for about two minutes in its depressed position before removing the needle. The eye was covered immediately afterward by a compress, which was not to be removed at all for eight days, and during the first twenty-four hours a bladder of pounded ice was to be kept over the compress, and renewed every half hour.

The last operation performed was on a child of about a year, which had a vascular tumor of the face, occupying both the skin and the subjacent parts. As it was too extensive to be all removed at once, an operation was performed with the écraseur for the removal of but little more than the cutaneous tumor, which was about one-half inch long by one-fourth wide, in the hope that the contraction of the cicatrix would bring about the destruction of the rest. Two long needles were introduced at right angles to each other, so as to transfix the tumor, and under these the écraseur was applied. About a quarter of an hour was occupied in tightening the chain, and when at last the tumor came away there was not the loss of even a drop of blood, although the struggles and cries of the child in recovering from the effects of the chloroform caused the blue veins of the subcutaneous tumor all around to swell up and look very dangerous indeed.

In going around the wards, I noticed that M. Chassaignac touched every ulcer with the same solution of nitrate of silver, just strong enough to slightly whiten the surface of the granulations.

Every abscess in the wards had from one to a dozen setons passed through it, the setons being always composed of a tube of caoutchouc pierced with little holes at intervals of half an inch, so as to drain the pus away the more effectually. I saw him introduce one of these in a large cold abscess of the neck. The seton was attached to the bistoury or large needle with which the collection

of pus was opened, so that all was done in a moment.

A great deal of pride seemed to be taken in a case of fractured clavicle, where the arm on the injured side was done up in plaster, as if a cast was to be taken of it; the intention being to produce immobility of the elbow, that it might be used as a point d'appui. There was no pad in the axilla, but a band extended from the elbow to a large pad placed on the sound shoulder; and in this way all deformity was removed.

The only other case worthy of notice that I saw was one of fracture of the thigh done up in plaster. The plaster, which had been placed even around the lower part of the abdomen, had become cracked in that region, and was to be covered there by a bandage. The patient complained of no pain, and seemed to be doing very well. M.D. Abroad.

Domestic Correspondence.

CAUSE OF EPILEPSY.

Philadelphia, June 2, 1862.

Messrs. Editors:—2. The second *exciting* cause of epilepsy, in the order before named, is *drunkenness*.

This may not be so general as gluttony. I do not think it is. Nevertheless, the cases are neither "few nor far between" in which epileptic and epileptiform attacks are directly induced by excessive drinking. If we look into our almshouses, pauper establishments, lunatic asylums, idiotic schools, etc., we shall find no small portion of their wretched inmates have been brought thither by the use of intoxicating liquor. In the private practice of most physicians there will also be found many of this class. Even since my last letter was written, a man rung my bell, and was ushered into the office quite the worse for liquor. He stammered out: "S-q-u i-r-e J. told me you could cure fits." "Well, sir, what caused them?" "Hi d-o-n-t k-n-o-w. I've had 'em many y-e-a-r-s." Here he began to tell what a likely wife and family he had, etc. "Well, sir, I wish you were as likely as you say they are." "*Me, me!* I ham. I honly have these fi-f-i-t-s." "Well, if you leave off *liquor* you won't have them." "Why, I honly drinked one glass today." It was evident from his breath that he had the "creature" in him. "Won't you give me some medicine?" "No; not a grain, unless you will leave off liquor." "I only takes it 'cause I's sick." "No; leave it off; it only *makes* you sick." "Well, jist so my wife says."

But excessive drinking is such a frequent cause of epilepsy, that it seems quite superfluous to dwell upon it. Every one knows it, and the way to health for all such is plain, *let liquor alone*. No doctor will then be needed.

3. The *third* exciting cause of epilepsy, in my order as proposed, is *self-abuse*.

This unquestionably is the *giant* source of the evil. No physician who has not been familiar with a lunatic asylum, like your senior editor, or had charge of an idiotic establishment, or been engaged in this special practice of seeing and prescribing for this class of patients, will be likely to form any idea of the vast number of patients, the victims of epilepsy from this single vice alone. It extends from early childhood to middle, and even to old age, where any of its victims (as few do) hold on to life so long. There is no one cause, too, which the patients themselves, and their friends for them, will so promptly deny and so persistently persevere in the denial of, as in this vice.

It may be thought, is thought, and often said, that this is a subject that ought never to be named. Perhaps it should not be named in a common journal; but it is one of those items which should be fully discussed in a *medical* journal. I assure you I will not go beyond facts, facts, too, which have come under my own observation; and these, without any exaggeration, are enough "to make the ears of all who hear" and know them "to tingle." These cases, so gloomy in their results, though numerous among the poor and otherwise degraded, are by no means confined to that class. They are often found among the educated and wealthy, yea, even in professedly Christian families.

A gentleman, a deacon, once brought his son to me, aged eighteen years, an epileptic. I was satisfied, by certain indubitable marks well known to medical men who have had any experience in such cases, that his *fits* were caused by *masturbation*. I charged him with it, and he denied it. I told the father this was the cause of the fits. *He* did not believe it, and was very much offended at my intimating that his son could be guilty of such gross misconduct. He said he had always given his children good Christian instruction and that he *knew* his son could not be addicted to such a vice.

I told him *I* knew he was. He took medi-

cine and returned home. After a few weeks, the father wrote me that his "son was no better." He had taken the medicine, but still denied ever having been addicted to the vice, and he (the father) believed he told the truth. I wrote him that *I* was of the same opinion that I had previously expressed. Six weeks afterward he came to my office with the son, and, upon entering, the father said: "*We have come to make a confession.* My son says he has been addicted to the habit of *self-abuse* from nine years of age, and has continued the habit since you prescribed for him."

That son has now been for seven years an inmate of a lunatic asylum.

This is but one of many cases. Two of my old college-mates, sons of a clergyman, from this vice were long the inmates of an insane asylum. One of them has deceased and the other yet lives, a moping idiot from self-abuse.

One aggravation of this difficulty is found in the fact that *gluttony* and *self-abuse* often meet in the same patient. This was the case with the one to whom reference was had in my last letter. I there stated how persistent he was in devising means to indulge his appetite. Not half of them, however, were then stated. If sent out with a quarter of a dollar, (as was once done,) to buy a three-cent postage-stamp, he would spend the residue in gingerbread, figs, nuts, and candy, and then say he laid it out for some necessary article. He had been furnished with *tickets* by his friends that he might ride in the horse-cars, and not have the money to buy them with. These he would sell at a reduced price and then buy some vile trash to eat, with the money. He had lost all self-control over his gluttonous appetite.

He was just as helpless as it respected the control of his mind. After the most solemn promises that he would never put himself in the way of what evidently caused his *self-pollution*, in ten minutes he would go right into the fire again, as though the hand of necessity were upon him.

In such cases, I have been reminded of, and often read over (and sometimes to the patient) the following remarks of Dr. John Mason Good, in his "Study of Medicine": "*The salacity of a debauched life*, or lechery confirmed by habit, can only be cured by a total change of habit, which is a discipline that the established debauchee has rarely the courage to attempt. Exercise, change of place and pursuits, cooling laxatives, and a less stimulant diet than he will commonly be found accustomed to, may assist him in the attempt; but in general the mind is as corrupt as the body, and the case is hopeless. He perseveres, however, at his peril; for, with increasing weakness, he will at length sink into all the miserable train of symptoms characterizing that species of marasmus which is usually called *tabes dorsalis*."

But the most melancholy and detestable form of the vice now under consideration, and that in which it often results in epilepsy in the fairest portion of creation, remains yet to be told, and if told at all, it must be reserved for another paper.

WILLIAM M. CORNELL, M.D.

Army Correspondence.

FLOATING HOSPITAL, PENNSYLVANIA VOLUNTEERS,
WHITE HOUSE LANDING, May 31, 1862.
Propeller William Whilldin.

After completing most successfully the duty assigned him, of bringing home our wounded Pennsylvania Volunteers, Surgeon-General Henry H. Smith, in obedience to the orders of Governor Curtin, refitted this ship, and sailed May 19th, "to continue the good work," and relieve those injured in connection with the advance of General McClellan on Richmond. Anticipating the possibility of following our gun-boats up the James River, the party first went to Fortress Monroe, but then sailed up York River and the Pamunkey to this landing, where, by means of a railroad, they are in direct communication with all the army corps of this army, and only two hours from the "sacred city." The organization of the present expedition is very much the same as that which followed our army through the fights of Yorktown, King's Mills and Williamsburg, and is, as before, the only "State organization" now in the field. A white flag, having on its field, in large letters, "Hospital, Pennsylvania Volunteers," flies at the main, proclaiming to all the generous arrangements of our State for the special comfort of our wounded. While participating actively in the service of the United States, as arranged by Dr. Tripler, the Medical Director of General McClellan's army, whose care of the sick is deserving of the highest commendation, the care of the Pennsylvanians is not forgotten. Under the direction of Dr. Tripler, the *Spaulding*, *Knickerbocker*, *Elm City*, and *Daniel Webster* steamers are now furnished and receiving patients, who are nursed and at-

tended by a party of the Sanitary Commission, under the charge of Messrs. Olmstead and Knapp, while the wounded are received only on board the steamers *Commodore* and *Whilldin*, they being specially cared for by the surgeons of the Pennsylvania delegation and private surgeons employed by the government under contract, the superintendence of the whole being intrusted to the Surgeon-General of Pennsylvania. Various applications are daily made to our Pennsylvania surgeons to take charge of other parties, under pay, but the answer invariably is that "Pennsylvania volunteers her services, but does not sell them." Selected with judgment by Surgeon-General Smith, the Pennsylvania delegation presents a party of experienced, active, and energetic surgeons, whose devotion to the noble duties of their mission is the subject of general remark. Their return to the army, after their Yorktown services, has been a source of great satisfaction, and our State is lauded everywhere for the good deeds of the delegation.

The recent skirmishes are beginning to send patients to our hospitals, among whom are a corporal of the 22d North Carolina, with a gunshot wound of the stomach, and a private of the 23d North Carolina, with a thigh dreadfully shattered. They are very grateful for the attentions shown them, and state that every one represented that they would be barbarously treated by the Yankees, if wounded. With a view of aiding the transportation of the wounded, the Pennsylvania surgeons go to the front of the army, from time to time, and thus minister to the comfort of our troops before they reach the ship. As the army advances, the number of our wounded is daily augmenting, and you may anticipate hearing again from your present correspondent. Before the *Whilldin* left Philadelphia, Surgeon-General Smith received many donations from our Pennsylvania ladies, Coatesville sending seven large and well-assorted boxes, which, with those from the Ladies' Aid Society of St. Peter's Church, Philadelphia, and from other sources, enable our surgeons to augment greatly the comfort of their interesting patients.

The Montyon Prize of 2500 Francs.—The Academy of Sciences of Paris has awarded to Messrs. Lallemand, Perrin & Duroy the above prize for their work "On the Action of Alcohol and of Anæsthetics on the System." It was the only prize on medicine and surgery awarded this year.

NEWS AND MISCELLANY.

Cooper Shop Refreshment Saloon and Hospital.—During the past year 85,513 soldiers have been fed at this saloon *en route* through this city to and from the seat of war. October 29, 1861, a hospital was organized. It contained at first twelve beds; but 28 patients can now be accommodated. The number under treatment since the opening has been 159.

Howard Hospital.—During the last year 3735 patients were treated at the Howard Hospital, of which 1738 were Americans, the remainder foreigners.

Surgeons taken Prisoners.—In the late battle near Winchester, the following surgeons were taken prisoners by the Confederates, viz.: Dr. Mitchell, 1st Maryland; Dr. Gillespie, 27th Indiana; Dr. Porter, Assistant Surgeon U. S. A.; Dr. Leland, 2d Mass.; Dr. Johnson, 14th Ind.; Dr. Adolphus, of Best's regular battery; Dr. Bissel, 5th Conn.; Dr. Stone, 2d Mass. The reports of brutal treatment of the Maryland regiment, Colonel Kenly, are unfounded, as also the stories of the burning of hospitals with all in them, neither of the buildings at Winchester having been injured.

Medical Dispensary at Madras, India.—A dispensary is in operation at this place connected with the missions. During the year ending March, 1861, 5754 patients applied for medical relief. "Physic taking," a native of Madras remarks, "is truly a leveler; for Brahmins and Pariahs now stand side by side drinking drugs out of the same cup, and the dispensary itself occupies a house whose tenants a few years since would not have allowed a European to stand upon its Pial."

The Prospect of Famine.—The continued falling off in the yearly crop of grain in some European countries has arrested the attention of the departments of agriculture, and some investigation of the causes has been commenced. One of the principal causes of deficient crops is said to be the increase of destructive insects, owing to the slaughter of small insectivorous birds. It is asserted that, if the destruction of the birds is continued, the increase of insects which devour the grain may soon be so great as to be a cause of famine. We have in this city at the present time, in the destruction of our beautiful foliage by worms, good evidence of the want of insectivorous birds.

A New "Wrinkle."—A communication to the French Académie des Sciences states that the writer, after much observation, has discovered a means by which the sex of eggs may be determined. He asserts that eggs containing the germs of males have wrinkles on the smaller ends, while female eggs are smooth at the extremities.

Army Hospital Director.—Surgeon Cooper, of the U. S. Army, has been relieved from his duty

as Acting Medical Director of the army hospitals in this city, by the appointment of Dr. Taylor, who is now in charge.

Ohio State Medical Society.—This Society will hold its annual meeting at the Ohio White Sulphur Springs on the 17th inst. Many valuable papers, we learn, are to be presented for discussion, and subjects of great importance will be considered. The place of meeting is said to be one of the most delightful in our country. We hope to have a full report of its sittings for our columns.

Large Fees.—M. Civiale, of Belgium, has lately performed the operation of lithotrity on King Bomba, for which service he received a fee of $25,000.

Ventilation of School Rooms.—"It is most lamentable," writes Dr. Laycock, "to see the overcrowding in preparatory schools for young children, usually held in what are or have been private houses, and in which the air supply is wholly insufficient for even maintaining health at all. If schoolmasters were thoroughly imbued with the simple but fundamental truth, that more oxygen is necessary for the brain in action than in repose, they would never rest until they had secured for themselves and their charge at least as ample a supply of air in the class-rooms as is thought necessary for the sleeping-rooms of paupers and prisoners."—*British Medical Journal.*

Progress of Growth According to Age.—Professor Quetelet has established from his calculations the following positions as regards the inhabitants of Brussels: 1. The most rapid period of growth commences immediately after birth, the infant increasing about two decimètres in the space of a year. 2. The proportionate increase of growth then diminishes as age increases, until toward the fourth and fifth year, when the child attains its maximum of probable life. Thus, during the second year, the amount of growth is only one-half of that of the first, and during the third year about a third. 3. From the fourth to fifth year, the increase becomes pretty regular until toward the sixteenth year, *i.e.* until after the period of puberty, the annual increase being about fifty-six millimètres. 4. After the age of puberty the growth continues to increase, though only feebly. Thus, from sixteen to seventeen years, it increases four centimètres, and in the two following years two and a half centimètres. 5. The total growth of man does not seem completely terminated at the age of twenty-five years. M. Quetelet also found that the height of the inhabitants of the town exceeded that of the peasantry.—*Union Médicale.*

Dr. John P. Haggott, Surgeon of the 57th Regiment, Ohio Volunteers, died recently at or near St. Louis, Missouri. He was a resident of Eaton, Ohio, and was an active and well-known practitioner.

Medical Inspectors Appointed.—Under the recent act of Congress, Surgeons John M. Cuyler, Richard H. Coolidge, Charles E. Keeney, Edward P. Vollum, and Geo. H. Lyman have been nominated by the President, and confirmed by the Senate as Medical Inspectors of the Army. Dr. J. C. Dorr, of Maine, has been appointed Brigade Surgeon.

M. Briquet on American Statistics.—We take the following extract from a late number of the *Medical Times and Gazette,* where it appears under the head of Paris correspondence. Our Transatlantic brethren should take lessons in geography, if not in medicine. Both would be decidedly advantageous to their reputation:

"American statistics, he said, were altogether absurd. M. Malgaigne had quoted the results of surgical practice obtained in the Massachusetts Hospital; but he (M. Briquet) had taken the greatest possible pains to ascertain whether such a place as Massachusetts actually existed, and he had found out that it did not. After having pronounced this tremendous discovery, which was listened to by the Academy with a mixture of amazement and indignation at having been thus taken in by the cunning of Yankees, M. Briquet went on to say that there was, indeed, a State of the name of Massachusetts, with Boston for its capital. (The members of the Academy breathed more freely.) In that country there were several so-called Massachusetts hospitals; but there was not one special hospital exclusively distinguished by that name. M. Malgaigne had, therefore, been altogether wrong in his assertions. It is surely very hard for the physicians and surgeons of the 'Massachusetts General Hospital' to see the very existence of their institution thus flatly denied; but M. Briquet has, unfortunately for them, never been in America, and he is, therefore, according to his own premises, quite justified in doubting anything said to exist in a country which has by nature been denied the happiness to belong to the French empire."

Walks among the Hospitals.—A few days since we paid a brief visit to the military hospital, Fifth and Buttonwood Streets. The surgeon in charge is Dr. A. C. Bournonville. Assistants, Drs. R. J. Dunglison, Wm. Breed, and Cyrus B. King. The hospital has 250 beds, but can accommodate, if need be, 260 patients. The arrangements for the care and comfort of the sick (none of the wounded are here) are ample and complete, and the hospital is well supplied with all the appliances necessary for the treatment of those placed in its charge. We noticed one or two cases of phthisis which betokened the approach of dissolution; other than those the patients were generally convalescing, and as fast as practicable are returning to duty or are discharged from service. There was an air of neatness, wholesomeness, and quietness about the whole establishment which was not only grateful to witness, but which speaks well for the management of the surgeons in charge.

The following are the names of the Surgeons from this State, mentioned in the Journal last

week as having been detailed by the Surgeon-General, and leaving Boston for active service in the army of the Potomac: Drs. Joseph Sargent, Worcester; F. S. Ainsworth, Boston; William Mack, Salem; William F. Thorndike and Benjamin F. Campbell, East Boston; A. LeBaron Monroe, Medway; Joel Seaverns, Jamaica Plain; Ariel I. Cummings, Roxbury; William D. Lamb and Julius H. Morse, Lawrence; Benoni Carpenter, Taunton; Francis A. Howe, Newburyport; Benjamin F. Crocker, Bridgewater; Jonathan Brown, Tewksbury; H. H. Fuller, Marine Hospital, Chelsea; Joseph G. S. Hitchcock, Foxboro'; J. Q. McCollister, Groton Junction; Wm. K. Fletcher, Fitchburg; L. D. Seymour, Greenfield; Alfred A. Stocker, Cambridgeport; Asa Millet, Abington; Joseph Underwood, West Cambridge; F. C. Green, Northampton; A. D. Blanchard, Lawrence.—*Boston Med. and Surg. Journal.*

Army Medical Appointments.—Dr. Henry W. Lincoln, of Hubbardston, has been appointed Assistant Surgeon of the 7th Regiment, vice Dr. Adams promoted to Surgeon and attached to 32d Regiment.

Dr. Wm. L. Faxon, of Quincy, has been appointed Assistant Surgeon of the 32d Regiment.

Dr. Charles A. Davis, of Chelsea, and Dr. S. C. Hartwell, of Southborough, have been detailed to the 2d Massachusetts Regiment, the Surgeon and Assistant Surgeon of that regiment having been taken prisoners.

Brig. Surg. R. H. Gilbert has been appointed Medical Purveyor at Fortress Monroe, in place of Dr. Sheldon, who is to take charge of the Military Hospitals at Norfolk.

Dr. Calvin Ellis, of Boston, has left for White House, Virginia, having been detailed by the Governor for medical service in that State.—*Ibid.*

Mill Creek Hospital, Va.—A correspondent thus describes this hospital:—

"The hospital building is beautifully situated upon a level plain on the west bank of Mill Creek, about half a mile from the fort. The main building is one story (30 feet) high, 230 feet deep, and 60 wide. Ample ventilation is secured by there being numberless doors and windows on each side; and add to this the cool, delicious breezes which come from off the broad expanse of the waters of the Roads, which is, in point of comfort and convenience, seldom excelled by any building devoted to a like purpose.

"At the Chesapeake Hospital, formerly a female seminary, we found some 400 patients, 160 of these being from the Confederate army. The wounded all, no matter of what creed, experience the same kind and careful treatment. All are loud and fervent in their expressions of thanks, and none more so than those of the Southern army.

"The Hygeia Hospital, in a part of the Hygeia Hotel, has been found too close and confined for the comfort of the patients. There are but very few at present there, it being gradually vacated."

MARRIED.

Douglass—Rodwell.—On Monday, June 2, at 10 o'clock A.M., at the residence of the bride's father, by Rev. Dr. Neville, Dr. George W. Douglass to Laura L. Rodwell, daughter of Samuel B. Rodwell, Esq., all of Harrison, N. J.

Downing—Cobb.—In Tarrytown, New York, on Thursday, June 5, by Rev. Oliver E. Cobb, Dr. John C. Clark Downing, U. S. Army, and Sophie Errertson, daughter of Sanford Cobb, Jr.

Steele—Elmer.—In Middlebury, Vermont, May 21st, by Rev. J. Steele, Joseph H. Steele, M.D., and Miss Hulda C., daughter of Dea. Elmer, all of Middlebury.

Voorhees—Abel.—On Wednesday evening, May 21st, at the residence of the bride's father, by Rev. A. H. Van Vranken, Dr. George W. Voorhees, of Ann Arbor, Michigan, and Miss Marie V. Abel, eldest daughter of Abram Abel, of Glenn, Montgomery County, N. Y.

DIED.

Delafield.—In Darien, Conn., on Monday, June 2, Anne Hallett Delafield, daughter of Edward Delafield, M.D., of New York in the 34th year of her age.

Spillman.—At Mount Vernon, Indiana, May 21st, 1862, Henry Spillman, M.D., of Medina, Ohio, aged 46 years. Dr. Spillman was Surgeon of the 15th Regiment, O. V.

Vital Statistics.

Of Philadelphia, for the week ending May 31, 1862.

Deaths—Males, 144; females, 136; boys, 73; girls, 63. Total, 280. Adults, 144; children, 136. Under two years of age, 85. Natives, 201; Foreign, 54. People of color, 25.

Among the causes of death, we notice—Apoplexy, 2; convulsions, 14; croup, 3; cholera infantum, 1; cholera morbus, 6; consumption, 45; diphtheria, 2; diarrhœa and dysentery, 4; dropsy of head, 3; debility, 19; scarlet fever, 4; typhus and typhoid fever, 14; inflammation of brain, 11; of bowels, 5; of lungs, 14; bronchitis, 3; congestion of brain, 9; of lungs, 3; erysipelas, 1; hooping-cough, 0; marasmus, 12; small-pox, 1.

For week ending June 1, 1861.....283
" " May 31, 1862.....280

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2029.

Of New York, for the week ending May 26, 1862.

Deaths—Males, 203; females, 201; boys, 116; girls, 102. Total, 404. Adults, 186; children, 218. Under two years of age, 142. Natives, 279; Foreign, 126; Colored, 10.

Among the causes of death, we notice—Apoplexy, 7; infantile convulsions, 29; croup, 15; diphtheria, 4; scarlet fever, 21; typhus and typhoid fevers, 10; cholera infantum, 0; cholera morbus, 0; consumption, 68; small-pox, 7; dropsy of head, 9; infantile marasmus, 19; diarrhœa and dysentery, 7; inflammation of brain, 13; of bowels, 9; of lungs, 26; bronchitis, 9; congestion of brain, 12; of lungs, 5; erysipelas, 6; hooping-cough, 5; measles, 1: 282 deaths occurred from acute disease, and 37 from violent causes.

For week ending April 8, 1861.....000
" " April 7, 1862.....000

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2011.

Of Boston, for the week ending May 24, 1862.

Deaths—Males, 42; females, 36. Total, 78. Natives, 48; Foreign, 19.

Among the causes of death, we notice—Phthisis, 17; cholera infantum, 1; croup, 1; scarlet fever, 2; pneumonia, 5; variola, 1; dysentery, 0; typhus fever, 3; diphtheria, 0; hooping-cough, 2; convulsions, 2; inflammation of lungs, 5.

Population of Boston in 1860, 177,902. Average corrected to increased population, 75·61.

Of Sacramento, California, for April.

Deaths—Males, 17; females, 7. Total, 24. Natives, 19; Foreign, 5. Two only were over 40 years of age.

Among the causes of death, we notice—Consumption, 2; dysentery, 1; erysipelas, 2; fever, 1; hydrocephalus, 2; liver, 3; pneumonia, 3; scrofula, 2; small-pox, 1.

Less than an inch of rain fell during the month, verifying the prediction of Dr. Logan in his comments for last month.

The range of the thermometer during the month was 34°; highest, 76°; lowest, 42°.